

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/869647

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL						
TOTAL						
TOTAL						
IND.						
DEP.						
TOTAL						
CLAIMS						

BEST AVAILABLE COPY

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS